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APPLICANTS

Stephen Doyle, Bristol, UNITED KINGDOM;

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/I-CHAN YANG/ Examiner's Signature	Initials	UNITED KINGDOM	3	18

ADDRESS

KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA 92614
 UNITED STATES

TITLE

Markup Language Translator System

FILING FEE RECEIVED 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit